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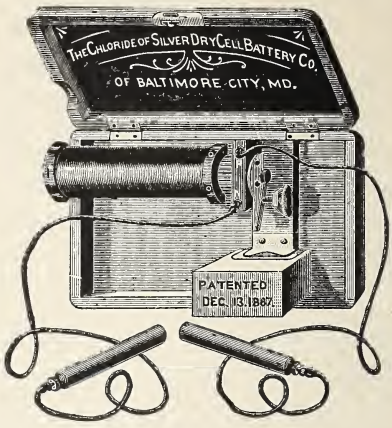

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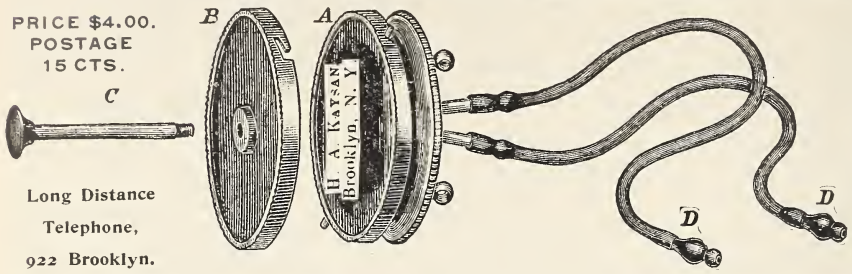

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VOL. XXXVI.—No. 5. BALTIMORE, NOVEMBER 14, 1896. WHOLE No. 816

Original Articles.

HEMORRHAGE FROM THE BOWELS IN TYPHOID FEVER.

CLINICAL LECTURE DELIVERED AT THE JOHNS HOPKINS HOSPITAL.

By William Osler, M. D.,
Professor of the Principles and Practice of Medicine, Johns Hopkins University.

WE have had in the wards lately five cases of hemorrhage in typhoid fever, illustrating various grades of severity in this somewhat alarming symptom. In the first place, bleeding of moderate amount may occur and cause no special anxiety, except perhaps the unavoidable apprehension lest the bleeding should recur in a more grave form. There are three patients in the ward at present who have had slight hemorrhages, 200 or 300 c.c. of blood, without apparently influencing in any way the course of the disease and without causing any reduction in the temperature. They are all now convalescent.

In a second group may be placed those cases in which the hemorrhage is profuse and proves rapidly fatal. This is, of course, one of the most dreaded accidents of the disease, and justly so, since it may come on, as in the case which I shall narrate to you, when everything has gone smoothly and the patient appears to be improving in every way. In the first six years of the work of the hospital among 339 cases of typhoid fever there were 20 cases of hemorrhage, three of which died directly from the loss of blood and three from perforation after the bleeding had ceased. The following case illustrates well the uncertainties of the disease.

Admission on the tenth day; normal temperature for three days, relapse, sudden hemorrhage on the 31st day of illness; death.

Mr. X., aged 32, was admitted to the private ward with his wife, September 16, 1896, both in about the tenth day of mild typhoid fever. The preliminary symptoms and general condition I need not discuss.

The patient was a large, stout man. The attack was mild and though the temperature on admission was 104.5°, it subsequently did not rise to the bathing point and on the thirteenth day, four days after admission, it reached 97°. From September 20 to 23 the temperature was normal for part of each day. Then on the 24th, 25th and 26th the fever gradually rose, reaching on the latter day 105°, and he then entered upon a well marked relapse with, after the fastigium was reached, a steady temperature of about 103°.

He had retention of the urine at the outset and a good deal of irritability of the bladder. For a relapse the fever was singularly steady, gradually subsiding, and on October 6, the thirtieth day, it fell below 101.°

He had been rather dull and heavy and despondent, but on October 7, at the morning visit, he was for the first

time really bright and cheerful. His wife was convalescent and was with him and his condition was in every way favorable ; the pulse was only 80 and considering that he had been ill for thirty days, he looked remarkably well, with a nice, bright color.

At 4 P. M. on the 7th he began to feel badly, a little restless and uneasy, and shorty after passed 700 c.c. of dark blood in clots. He became blanched and sweated profusely. The temperature fell from 101.5° to 96°. At 6 P. M. he had a second hemorrhage of 500 c.c. When I saw him in the evening he was extremely blanched, pulse scarcely perceptible. The temperature was below 96° and the ordinary thermometer did not register.

He was given the lead and opium pill by the mouth and small doses of morphia hypodermically. He had a very quiet night, slept eight or nine hours. He took his nourishment well and in the morning seemed somewhat better. The pulse, however, was so feeble that 1500 c.c. of salt solution were injected hypodermically and blood was transfused into a vein by the von Ziemssen method. He sank rapidly and died just twenty-four hours after the onset of the hemorrhage. The temperature did not rise above 96.5°. There was no autopsy.

The amount of blood passed per rectum by this patient was not great. It was very carefully measured and amounted in all to 1200 c.c., which is only a little over two pints. He was a large, full-blooded man and when one thinks of the venesections to which he would have been subjected sixty years ago, this amount seems small to have caused the fatal result ; but it must be borne in mind that in all probability an equivalent, possibly a larger amount, was in the ileum and in the colon.

I have heard it stated—I cannot give the authority—that a fatal result may follow in typhoid fever without blood appearing externally, the patient bleeding into the bowel sufficient to cause death. In cases of this sort it is probable that a vessel of considerable size is eroded.

In a third set of cases moderate hemorrhages from the bowel recur at intervals throughout the disease, and while not dangerous as single bleedings, they debilitate the patient very much and may prove an important factor in causing a fatal asthenia.

In Ward F there is a patient, Geo. C., aged 28, who was admitted on October 11, on the eleventh day of his fever. He had been a very healthy man and there was nothing peculiar in the mode of onset of the attack. He came from eight or ten miles out of town and his condition on admission was very good, the temperature 102.5°, and pulse 100. He had no delirium ; there were well marked rose spots and the spleen could be felt. The blood examination was negative.

At 7 A. M. on the 12th he passed a large, bloody stool. The temperature had been 101° before the hemorrhage and after it was 102.4°. At 8.30 A. M. he had a second hemorrhage, moderate in amount. This, too, did not cause any fall in temperature. He was ordered the lead and opium pill and had an ice-cap applied to the abdomen.

The temperature on the 13th, 14th and 15th ranged between 103° and 104°. He had a stool on the 15th without any blood.

On the 16th, at 1.40 P. M., when his temperature was 102°, he had a third hemorrhage—500 c.c. His temperature fell to 97°. The blood was very thick and tarry, mixed with clots. The patient became blanched ; the pulse was 140, small and thready, and he was bathed in a profuse perspiration. He was ordered a sixth of a grain of morphia hypodermically. Between 5.30 and 6.30 P. M., the patient had two large bloody movements, each containing between 400 and 500 c.c. of blood mixed with feces.

The pulse became very running and feeble, about 150 per minute. He was ordered strychnia, one-fortieth of a grain subcutaneously every three hours, and as he became very blanched and feeble, at eight o'clock in the evening 1100 c.c. of warm salt solution were injected subcutaneously. The pulse improved markedly in volume, and fell

from 150 at 6 P. M., to 120 at 10 P. M. The patient's mental condition was good. He complained a great deal of thirst, and was given small quantities of cold fluids at short intervals.

On the 17th his condition was fairly good. He was no longer sweating ; the abdomen was not distended ; the temperature had not been above 101°. The blood count showed today 30 per cent. of hemoglobin, 2,600,000 red corpuscles per cubic millimeter, and 4000 white corpuscles. At 11.30 P. M., the patient had his sixth hemorrhage, about 250 c.c. in amount. There were no special collapse symptoms after it.

On the 18th, the patient was very comfortable all day. At 10 P. M., he had the seventh hemorrhage, about 250 c.c. of blood without clots. The tongue became tremulous and dry ; the pulse was 118, and he had a good deal of subsultus, and the abdomen became distended. He was ordered turpentine, twenty minims every four hours. The lead and opium pill was continued. The mind was clear. For several days the urine had to be drawn off with a catheter.

From the 20th to 25th his condition was very critical. The pulse was very rapid, constantly above 130. There was a good deal of delirium in the evening. The tongue was tremulous and dry and the abdomen continued a little full and tense. On the 24th, he had been a little delirious in the morning, but answered questions intelligently. At rounds at 11 A. M., he was quiet.

At 1.10 P. M., he became violently maniacal, tried to get out of bed, kicked, scratched, and bit at everyone who came near him, shouting at the top of his voice, and swearing constantly. He was restrained with as little force as possible, and given a quarter of a grain of morphia hypodermically. For half an hour he remained very violent and noisy, throwing himself about and biting and kicking. For the next two hours he quieted at intervals, and through the night he remained pretty quiet. His temperature rose and at 10 P. M. was 105°, and he had ice sponges.

In the morning at the time of the visit he was rational ; the pulse was 128, of moderate volume. A crop of subcutaneous ecchymoses appeared in the epigastric and right hypochondriac regions. At 2 P. M. on the 25th the patient had a very large movement, partly liquid, partly solid, and containing several large clots, and a considerable quantity of fluid blood. He became very blanched and white, and the pulse rose to 140, and was running in quality. While he was being changed he had another hemorrhage of about 250 c.c. Nearly a liter of salt solution was injected subcutaneously ; ice was applied to the abdomen, and the lead and opium pill again given.

On the 26th, the patient was extremely feeble ; the pulse rapid and difficult to count ; 600 c.c. of salt solution were passed into the thighs. On the evening of the 26, he was very blanched, but sleeping quietly ; temperature 103.5°; pulse 136.

On the 27th he was rational ; pulse was better, 128. There was some flatness over the right lower lobe and the breath sounds were feeble and distant.

October 28. This morning his condition seems more favorable in spite of the high temperature, 105°, and dry tongue. He is rational, and looks better than he has since the hemorrhage on the 25th.

No doubt it was an experience of cases of this kind, in which repeated bleedings, often profuse, were followed by recovery, that made several of the older physicians, notably Graves, not regard hemorrhage as so very serious. Though desperately ill, this man has a good fighting chance, as we say, and I hope next Wednesday to be able to report favorably upon him.

(November 8. This patient has today a temperature of 101° and is doing well.)

To one point I would call attention, namely, the good effects of the subcutaneous injections of salt solution. On several occasions this patient seemed to rally from a really desperate state after its use.

In a fourth group of cases—the true hemorrhage typhoid—bleeding from the bowels occurs as part of a general tendency, manifested by cutaneous as well as mucus hemorrhages. Of this we have had no illustration.

THE IMPORTANCE OF LABORATORY METHODS IN DIAGNOSIS.

By Charles E. Simon, M. D.,

Baltimore.

FOURTH PAPER.

The Examination of the Gastric Contents.—Many physicians have still to learn that the stomach tube is essentially an instrument used in diagnosis, and that its place in our therapeutic armamentarium is only a secondary one. Its employment is an absolute necessity in the diagnosis of diseases of the digestive organs, as it enables us to gain an insight into the chemistry of digestion and into the motor power of the stomach, which cannot be otherwise obtained.

Every physician who has a moral right to lay claim to that title will examine his patient's urine, if not as a matter of routine, then at least in cases in which the symptoms point to the kidneys as the seat of disease, or in cases in which the diagnosis is not at once clear. Why is it that the examination of the gastric contents is as yet so generally neglected, and why is it that the diagnosis of "dyspepsia" is still so much in vogue? Dyspepsia is merely a symptom, just as dyspnea, dysphagia, dysmenorrhea, dysuria. It means nothing more than difficult digestion. Surely such diagnoses should no longer exist.

The only explanation that the writer can offer is the assumption that the majority of physicians labor under the impression that the introduction of the stomach tube is a difficult process and that the examination of the gastric contents requires special skill and training. Neither is the case. The introduction of the stomach tube is decidedly less difficult than the introduction of a metallic catheter. With a little experience the instrument can be passed in about 5 or 6 seconds.

As to the examination of the gastric contents it may be stated that it requires less experience to test for hydrochloric acid and lactic acid than for albumen and sugar. Both tests can be made at the bedside if necessary.

In the present paper it is the writer's aim to describe those tests in the examination of the gastric contents which can be carried out by the busiest practitioner and to point out the information which may thus be obtained.

As the various articles of food require a varying length of time for their digestion in the stomach, if they be digested there at all, and as the amount of free hydrochloric acid varies with the character of the food introduced and the time that it remains in the stomach, it is well, indeed almost necessary, to examine the gastric contents at a definite time after the exhibition of a definite meal. Various test-meals, as such meals are termed, have been suggested from time to time.

The best known among these is the test-breakfast of Ewald and Boas. The patient receives upon an empty stomach from 35 to 70 grammes (1¼ to 2½ ounces) of wheat bread and a tumbler of water or weak tea without sugar and milk. The gastric contents are withdrawn one hour later.

The writer prefers the double test-meal of Salzer, for the reason that with it a better idea may at the same time be formed of the motor power of the stomach. To this end the patient receives for breakfast about 30 grammes (1 ounce), of lean, cold roast, hashed or cut into strips, sufficiently small as not to obstruct the lumen of the stomach-tube, 250 c.c. (8 ounces) of milk, 60 grammes (2 ounces) of rice, and one soft boiled egg. Exactly four hours later the second meal is taken, consisting of 35 to 70 grammes (1¼ to 2½ ounces) of stale wheat bread and a tumbler of water or weak tea without sugar and milk. (Ewald's test-meal.)

One hour later the gastric contents

are withdrawn, when under normal conditions the organ should contain no remnants, or but mere traces of the first meal. If more than traces be found we are entitled to assume the existence of a motor insufficiency on the part of the stomach, and it may be stated as a general rule that the degree of motor insufficiency is directly proportionate to the amount of food remnant, referable to the first meal.

This is not the place to describe in detail the introduction of the stomach tube and the devices made use of for the purpose of obtaining the gastric contents. The writer merely wishes to emphasize two points in this connection. The patient should bend his head forward, and not backward, as is usually advised, when the tube is introduced to the posterior wall of the pharynx, and the flow of the gastric contents should not be "started" by the introduction of water through the tube. (For details consult Simon's Clinical Diagnosis, Lea Brothers. 1896.)

Having obtained the gastric contents, what can be learned from simple inspection ? If more than traces of the first meal (if Salzer's test-meal has been employed) be found, we may assume the existence of a motor insufficiency, as has been pointed out already, and the general practitioner should remember that a motor insufficiency, *ceteris paribus*, is of greater importance clinically than a secretory insufficiency.

As long as the stomach is capable of transferring its contents into the small intestine within the normal period of time, the general nutrition but rarely suffers, even in cases where the secretion of hydrochloric acid is deficient or does not exist.

Motor insufficiency of the stomach may be referable to an inherent weakness of the muscular walls or to an obstruction to the outflow of the gastric contents. The former condition, which is commonly spoken of as atony of the stomach, is the most common and is usually secondary to some other malady, such as anemia, chlorosis, phthisis, diabetes, amyloid degeneration, etc. It is frequently encountered in cases of neurasthenia and some of the psychoses. Acute infectious diseases, such as typhoid fever especially, are frequently followed by an atonic condition of the stomach.

The habitual ingestion of very large amounts of fluid, such as soups, milk and beer, not uncommonly leads to atony. Structural changes in the stomach walls, such as carcinoma of the small curvature or anterior surface, fatty and colloid degeneration, are other causes of atony, depending upon an inherent weakness of the muscular walls.

Atony referable to obstruction is usually seen in connection with ulcer, carcinoma and hypertrophic stenosis of the pylorus ; more rarely it is referable to tumors or adhesions of neighboring organs. In cases of atony of this character dilatation almost invariably exists at the same time, and a careful examination of the gastric contents will show the presence of particles of food taken at previous meals and not infrequently a day or more ago. The amount of contents, moreover, will be unusually large.

The presence of pure gastric juice in the non-digesting organ when exceeding 100 c.c. (3 ounces) may be regarded as indicating the existence of hypersecretion, the so-called " Magensaftfluss " of the Germans.

Simple inspection, furthermore, will tell us whether the various articles of food which have been ingested have undergone digestion. The presence of undigested meat in notable amounts is indicative of an entire absence of digestive power on the part of the stomach, a condition which has been termed anadeny by Ewald (our atrophic cirrhosis).

Mucus, bile, blood, pus, stercoraceous material and certain parasites, such as ascaris and segments of tenia, can be recognized by simple inspection. The presence of mucus in large amounts is almost pathognomonic of the so-called mucous form of gastritis, while moderate amounts are usually referable to chronic pharyngitis.

When bile is obtained upon repeated examinations, a stenosis of the descending or horizontal portion of the duodenum may be suspected.

CYSTOSCOPY AND URETEROSCOPY.

WITH EXHIBIT OF INSTRUMENTS AND REPORTS OF CASES.

Read before the Richmond Academy of Medicine and Surgery.

By J. W. Long, M. D.,
Professor of Diseases of Women, Medical College of Virginia.

Only recently has the bladder received the attention it deserves from gynecologists. Up to the last few years it was difficult to exploit that viscus to determine the condition of its inner surface and more difficult to explore the ureters.

Prior to the invention of the instruments I am about to exhibit, we were obliged to depend upon the dilatation of the urethra by a very crude method; indeed, stretching by the fingers, which often brought on permanent incontinence, is within the recollection of most of us. To explore the bladder was almost impossible because of collapse of its walls and, as was said before, exploration and treatment of the ureters was attended with even more difficulty.

For many years, distension of the bladder with water and fishing around for the mouths of the ureters were our only resources. Not until Kelly accidentally struck upon the method to be described, could we satisfactorily treat cystic and urethral troubles. The method depends on, first, distension of the bladder with air, which a few years ago was thought to be exceedingly dangerous; and second, instruments whereby we may have a direct view of the inside of the bladder and the mouths of the ureters.

The instruments I show you are first, sixteen dilators, graded according to their measurements by the metric system. The numbers 10 to 14 are those usually employed. It is surprising to note the size and amount of stretching the female urethra can stand. The second instrument is the calibrator, so-called, because, originally, it was intended to measure the size of the urethra. It is cone-shaped and graduated and is now used in place of the original dilators.

At an early stage in the work it was found that the external meatus was the point of greatest resistance in dilating the urethra. The third instrument is the cystoscope (made in various sizes), consisting of a straight tube, flanged at one extremity and having projecting at an angle from that, the same extremity, a handle. Fitting in this is an obturator. After the urethra is dilated the cystoscope is fixed in by a gentle, rotatory movement and when the obturator is withdrawn, air rushes in, distending the bladder. I have suggested to Dr. Kelly that the cystoscope might to advantage be made shorter and with a more flaring flange.

The position the patient was made to assume, at first, was the dorsal with hips much elevated. I have devised a pelvis elevator for this purpose. The bladder is first catheterized, the urethra dilated, with cystoscope introduced, and the residual urine drawn off by a suction apparatus, but it is almost a matter of impossibility to keep the bladder entirely clear of urine. A better posture is the knee-chest, because in it the residual urine gravitates from the floor of the bladder to the most dependent part, and the suction apparatus may be dispensed with. After exploring the entire inner surface of the bladder, which can be seen perfectly, it is easy to find the mouths of the ureters. Any kind of clear, reflected light can be used with a head mirror.

Through the cystoscope can be introduced the ureteral searcher, which is a small sound with the handle bent at an obtuse angle. At first, this is a difficult procedure, but practice makes it easy. I tried for eighteen months to catheterize the ureters and had about decided that it was one of the things I could not do, when I suddenly hit upon it, and

can now introduce the ureteral catheter in a few seconds.

The original ureteral catheter was devised by Simon. Pawlik modified it, and Kelly perfected the Pawlik instrument. With a delicate pair of mouse-tooth forceps, it is not at all difficult to pick a piece of cotton, stone, etc., from the bladder; or, with an applicator, to make an application to its walls.

Whale-bone bougies are employed, first, to determine whether or not the ureters are patulous; second, to protect them during hysterectomy.

The vesical balloon, devised by Dr. Clark, consists of a fine rubber bag with a stem of rubber tubing. It is used for the treatment of chronic vesical catarrh where there are marked changes in the bladder walls, and which are not amenable to treatment by ordinary applications. He employs it covered with a 10 per cent. gelatole of ichthyol, melting at the temperature of the body. The balloon is buttered with the gelatole, rolled up, grasped in a pair of special forceps introduced through the cystoscope, and distended with air, medicine therapy reaching every part of the inner surface of the bladder. To prevent injury or rupture of the bladder it is important to learn first how far the balloon should be distended.

By means of the cystoscope, it has been discovered that many of the so-called cases of cystitis, especially in young women, are not general inflammations of the vesical mucosa, but hyperemia, or at most, limited inflammations; and many of them are easily and rapidly cured by mild solutions of nitrate of silver or any other astringent, applied through the cystoscope. I shall cite only one or two cases to demonstrate its efficiency.

Case I. Was that of a young woman, married, who, for years, had had cystic trouble. Under cocaine, anesthesia, the cystoscope being introduced and the area of inflammation determined, three or four applications of nitrate of silver sufficed to cure.

Case II, a young woman whose tubes and ovaries had been removed two years before I saw her, for, probably, ovarosalpingitis. After the operation, ventral hernia occurred, and she came for treatment. Inquiry revealed more suffering from the bladder than from the hernia, and brought to light the fact that for thirteen years she had been the victim of cystic trouble. There was very little pus in the urine, but a slow, irritating, aggravating cystitis was present. Applications of nitrate of silver rendered it worse. Then, Dr. Clark's method was employed. This, at first, was painful. Four applications, at intervals of three days, were made, and now there is complete cure. I afterwards relieved the hernia, which was as large as a peck measure, by operation.

I wish it clearly understood that I claim nothing original in this work. Dr. Kelly should be credited with a large part of the recent advances. Knowing that I was working alone to save lives, he has urged me to report my results, which heretofore I have not done, and which I hope to do more extensively.

THE DOSAGE OF NITROGLYCERINE.

The dosage of any drug can only be found out by repeated trials and often the dangerous dose is only indicated by a serious effect. Dr. W. L. Armstrong, in the *Medical News*, has had varying effects from the dose of nitroglycerine, in regard to which he draws the following conclusions:

1. It is only when dealing with arteries in which there is no more than the normal tonicity of the walls that the drug is liable to produce disagreeable effects. Under this condition it should be administered with caution and in small doses.

2. In cases of arterial tension, the drug can be used more freely than has been customary among practitioners, the dose being proportioned to the degree of tension.

3. In cases of arterial tension, tolerance to the drug is rapidly acquired and, by a slight increase day by day, very large doses can soon be taken with safety, the constant guide being the degree of tension in the arterial wall, as noted by the finger or sphygmograph.

Society Reports.

RICHMOND ACADEMY OF MEDICINE AND SURGERY.

The President, Dr. Landon B. Edwards, in the chair. Dr. Mark W. Peyser, Secretary and Reporter.

Dr. J. W. Long read a paper on Cystoscopy and Ureteroscopy, with Exhibit of Instruments and Report of Cases. (See page 80.)

Dr. Jacob Michaux asked Dr. Long if he had found hyperesthesia of the external parts in the case last described.

Dr. Long: Yes, and it has been dismissed four or five months.

Dr. Michaux, continuing, said that in these cases he had not had uniformly good results. Those in which he had succeeded best were those in which he had cauterized liberally, according to the old methods. In conditions of hyperesthesia of the nymphae and meatus he had been much discouraged. He thought, therefore, that Dr. Long's remarks were interesting and valuable and that the new method described had opened up a new field.

He described the following case as illustrative of failure: In a woman, aged 36 years, primipara, there was intense hyperesthesia of the mouth of the urethra; the desire to urinate was constant. The urethra being dilated, it was found to be inflamed and was cauterized and washed out; the condition was thought to have been cured. The patient, who lived away from town, went home and soon reported herself in the same condition. She returned and some little growths, caruncles, were removed from the meatus, producing no apparent benefit. Thinking, then, the trouble was due to the state of the nerves, a section of the meatus was cut out; but neither did this result in relief, nor did a second, deeper operation.

During all this period, extending over several years, suffering was intense, all treatment failing. Dr. Michaux thought it a case of cystitis, with a peculiar condition of the nerve fibers. It was one of the cases troubling him and he would like to hear some discussion of it with a view of eliciting instruction.

Dr. Hugh M. Taylor said that one feature should be added to Dr. Long's paper and that was that the first suggestion as to the safety of the ureters during laparotomy was made by a Virginian, Dr. Alexander Irvin of Evington, Va. He suggested catheterization of the ureters.

Dr. Taylor said he had not yet had an opportunity to test the efficacy of the instruments described, but had no doubt that, by their means, treatment and cure would be greatly facilitated.

Dr. J. N. Upshur remarked that, in the local treatment of any disease, we should always have one caution. The subject presented by Dr. Long was very interesting, but many diseases of organs treated locally are not primarily due to the organ itself. This is especially true of the bladder. Cystitis is often reflex, as from abrasion of the os uteri. In one case, he saw no indication pointing to disease of the bladder itself. When the treatment was withdrawn from the organ it was cured. Retro-displacements, anteflexions, anteversions, hemorrhoids, anal fissures, nervous conditions, all give rise to irritation of the bladder, treatment, then, directed to that organ failing to relieve.

A case in point was as follows: A woman, with an intensely irritable bladder and frequent desire to void urine without satisfaction. As a matter of curiosity Dr. Upshur asked the patient to keep an account of the number of times she was up during one night and was told that, between bed-time and 7.30 A. M., it was seventy times.

The woman was supposed to have been addicted to masturbation and was accused of it by former physicians, but vehemently denied it and he was inclined to believe her. There was intense hyperesthesia of the external genitals and a specular examination revealed a stenosed cervix, with marked anteflexion. Being before the days of curettage, he dilated without this procedure; but there was no benefit except a relief of dysmenorrhea. He could find no other trouble except a tender spot in the lum-

bar spine and advised her to seek another physician, which she did, but again received no benefit. Despairing, she gave up all treatment, and in the course of time her trouble disappeared. He did not believe any bladder conditions existed, because none of them would have got well spontaneously. He thought it a case of hysteria based upon some nervous condition. He used this case as illustrative of the remark he made in the outset, that with the development of measures for local treatment, we must not forget causes in other directions. Various deranged conditions of the stomach may cause vesical conditions and a fairly common cause is, women do not drink enough water.

Dr. W. T. Oppenhimer described a case of LAPAROTOMY with a white discharge from the abdomen upon which he asked for information. A railroad man was suddenly attacked by violent pain in the region of the liver, which he thought was due to gall-stone. The patient passed a bad night, and by morning the pain had radiated over the entire abdomen and was accompanied by nausea and vomiting; in consequence, the diagnosis was changed to appendicitis. Dr. I. H. White was called in consultation. The pain, in the meantime, being again confined to the liver, gall-stone was the diagnosis agreed upon. The patient grew much worse; temperature fell, pulse became rapid and feeble, and tympanites developed. In a second consultation, Dr. White advised no operation. Dr. George Ben Johnston, on seeing the case, said it was possibly appendicitis, but he, too, considering the man's condition, thought operation unjustifiable.

Dr. Oppenheimer told the patient his chances were almost hopeless; that an operation at least could do no more harm than hasten the end, and obtained his consent. At 12 P. M., he was removed to the Retreat for the Sick and the abdominal cavity opened. A fluid, chyliferous in appearance, flowed out. Everything, so far as ascertainable, appearing normal, the gut not sloughing, etc., the incision was closed and a gauze drain inserted. The following morning the swelling had abated, the temperature had fallen, and the discharge, which was profuse, became yellow. After four weeks the latter had become inspissated and could be squeezed out; at times being so firm that it had to be lifted out with forceps. The man recovered and is now at work.

In answer to various questions, Dr. Oppenhimer stated that Dr. Hoge, on examining the discharge, found it gave the reaction of bile. The gall-bladder could not be reached. There was no jaundice. The man had had slight attacks of pain before, but they passed off in an hour or two.

MARK W. PEYSER, M. D.,
Secretary.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD MAY 25, 1896.

THE President, Dr. Randolph Winslow, in the chair.

Dr. H. H. Biedler reported a case of COMPOUND COMMINUTED FRACTURE OF THE SKULL, and exhibited the patient. On March 22, he was struck with a brick on the forehead. He was trephined March 23. The temperature remained about 99° for three or four weeks, when he had suppurative tonsillitis and then it rose to 101°. There was no other trouble. The bone was greatly comminuted but no brain substance was lost.

Dr. G. Lane Taneyhill: Dr. Biedler said that the anterior portion of the brain can stand greater injury with more impunity than any other part. The history of the late civil war does not sustain this assertion.

Dr. E. G. Waters: Referring to cases seen by him during his earlier professional life the mortality in injuries to the skull was very great. Patients generally died from meningitis. He called attention to the length of the period that elapsed between the time Dr. Biedler's patient was struck and the time of the operation, nearly 24 hours. He also mentioned a case of neuralgia in a lady who received an injury just above the supraorbital ridge.

Dr. R. Winslow spoke of the location

of the injury in Dr. Biedler's case. It apparently does not involve the frontal sinuses. This has a prognostic value since the wound does not communicate with the nose, and therefore is less liable to septic infection. The location also affords good opportunity for drainage. The site of the injury also is such that it does not affect the centers of sight. The anterior situation of the wound also is such that it does not interfere with motion. He agrees with Dr. Biedler about the import of injuries to the anterior portion of the brain. Intellect might possibly be interfered with, but not motion, sight, hearing, etc. The point must always be considered as to what will happen in cases of depressed fracture if left alone. These cases must be treated antiseptically. Injuries of this kind are liable to be followed by tetanus, which, it is now known, is due to germs. The germs of tetanus are found especially in the earth. Where tetanus is feared, the best treatment is to leave the wound open. He referred to the celebrated crowbar case.

Dr. Waters: The crowbar case referred to by Dr. Winslow occurred during Dr. Waters' student days. There was a weakening of the patient's intellect after the accident. Does the germ theory of tetanus throw any light upon the epidemic of tetanus caused by toy pistols that occurred in this city several years ago?

Dr. Winslow: There must be some relation between atmospheric conditions producing tetanus. Most of the toy-pistol accidents occurred in boys, the injury being upon the hands. Boys are not particularly cleanly, their hands being often soiled. Experiments made with bullets infected with the anthrax bacillus and then shot through the ears of a rabbit invariably produced anthrax.

Dr. Biedler thinks that Dr. Taneyhill is probably in error as to the history of the late war. His experience teaches that injuries to the anterior portion of the brain are not so severe as to other parts. The frontal sinus in this case was open, and the wound was treated aseptically. The germ of tetanus is found in greater numbers in some soils than in others.

Dr. J. E. Ingle moved that when we adjourn tonight, we do so until October. Carried.

Dr. Taneyhill brought up the subject of writing to the United States Senators in regard to the question of vivisection.

Dr. Ingle moved that a committee be appointed by the chair to draft resolutions which are to be signed by the President and Secretary and forwarded to Senator Gibson.

Dr. Waters thought it was a matter with which we have nothing to do.

Dr. Biedler agreed with Dr. Waters and thought, moreover, that it would do no good.

The motion, however, was carried and the committee was appointed, consisting of Drs. Taneyhill, Ingle and Kemp.

The Association then adjourned.

(The above minutes were approved and adopted at the regular meeting of the Baltimore Medical Association, held October 12, 1896.)

EUGENE LEE CRUTCHFIELD, M. D.,
Recording and Reporting Secretary.

Correspondence.

RUSH MONUMENT COMMITTEE.

SYKESVILLE, MD., October 31, 1896.

Editor MARYLAND MEDICAL JOURNAL:

Dear Sir:—Will you kindly announce that the following subscriptions to the Rush Monument Fund have been received since April 17, 1896. April 17, Dr. J. W. Hoff, Pomeroy, O., $5.00; April 17, Dr. J. T. Acker, Croton-on-Hudson, N. Y., $5.00; April 30, Peoria City Medical Society (through Dr. O. B. Will, Peoria, Ill., $25.00; April 30, Dr. D. W. Cathell, Baltimore, Md., $1.00; April 30, Dr. W. T. Cathell, Baltimore, Md., $1.00; May 9, Dr. J. P. Getter and others, Mifflin County, Pa., $3.00; May 21, Dr. E. H. Bishop, Towson, Md., $1.00; June 10, Dr. C. B. Burr, Flint, Mich., $10.00; June 29, Dr. W. H. Hardin, Anderson C. H., S. C., $1.00; June 29, Herkimer County Medical Society (through Dr. G. Graves), Herkimer, N. Y., $25.00; September 30, Dr. J. W. Grosvenor, Buf-

falo, N. Y., $1.00. September 30, interest to date, $81.00; total $159.00; before reported, $3727.39; grand total, $3886.39.

Yours very truly,
GEORGE H. ROHÉ, M. D.,
Secretary.

Medical Progress.

BULLETS IN THE BRAIN AND THE RÖNTGEN RAYS.—A. Eulenburg (*British Medical Journal*) relates two cases in which it was possible to localize bullets in the intracranial cavity by means of radiography.

CASE I. A man, aged 18, accidentally shot himself in the head with a revolver. The bullet entered 3½ cm. above and 2 cm. in front of the attachment of the ear. There was complete unconsciousness until the following morning. On the third day a left-sided homonymous hemianopsia developed, and then a left hemiplegia. The bladder was temporarily paralyzed. The hemianopsia disappeared on the tenth day and the hemiplegia gradually got better, with the exception of the lower part of the leg. The patient was lame, but could walk.

At the end of the seventh week Eulenburg found the lower face muscles weaker on the left side than on the right, and also the left arm weaker than the right. The gait was faltering and the left leg stiff. Movements of the foot and lower leg were only just possible. Sensation was considerably affected. There was pain in the back of the head. Progressive improvement ensued. Eulenberg thought that the bullet had penetrated to the right of the sella turcica, injuring the right optic tract and the right crus. By radiography Buka showed that the ball was in the middle fossa of the skull to the right of the middle line.

CASE II. A man, aged 33, attempted suicide ten years ago. The revolver wound was in the hinder part of the right temporal region. At first there were signs of intracranial pressure. For the first four years only slight symptoms were noted. Attacks of pain in the head supervened, and the patient thought that the bullet must be present. He was then in an asylum for five years, and discharged as incurable. After his discharge he seems to have been able to work. When seen by Eulenburg the man was pale and wasted. Hardly a trace of bodily or mental symptoms could be made out. There was occasional headache in the right supraorbital and temporal regions. There was thus no clinical evidence that the bullet was still present. It was, however, shown by Buka, by means of the Röntgen rays, that the bullet was situated in the middle fossa of the skull behind the right orbital fissure. Brissaud and Londe report a case in which a man had been struck by a revolver bullet (caliber 7 mm.) in the middle of the left frontal eminence on August 4, 1895. Various symptoms followed, and finally a spasmodic left hemiplegia of both limbs and the face remained. The upper fibers of the facial, the motor oculi and the masseteric nerves were not involved. Röntgen rays showed the skull, the frontal eminence and sinus, the maxillary sinus, petrous and malar bones, zygoma, orbital cavity, etc. The bullet was seen situated in the posterior region at the level of the second temporal convolution, probably above the tentorium. This position corresponded exactly with the direction of the track deduced by the resulting paralyses. The chief interest, besides the exact localization of the missile, consists in the fact that the bullet, being in the temporal region, could not be the cause of the hemiplegia. The latter was due to the section of fibers met with by the bullet—that is, it had a capsular, not cortical, origin, and therefore could not have been benefited by any operation. An exposure of an hour and three-quarters was given and the image would have been still clearer but for a slight clonic movement of the head.

* * *

VASELINE IN MIDDLE EAR AFFECTIONS.— Delstanche (*Laryngoscope*) reports obtaining good results from the intra-tympanic injections of pure liquid vaseline in both acute and chronic middle ear affections.

MARYLAND

Medical Journal.

PUBLISHED WEEKLY.

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MARYLAND MEDICAL JOURNAL,
209 Park Ave., Baltimore, Md.

WASHINGTON OFFICE:
913 F Street, N. W.

BALTIMORE, NOVEMBER 14, 1896.

Milk for Babies.

A REVIEW of the most recent publications concerning the efforts put forth to make cow's milk wholesome for babies would take many pages. The relative merits of new milk, Pasteurized milk and sterilized milk are maintained by their respective advocates with great energy. It is easy enough to kill the germs in milk, heat will do that—moderate heat at 65° C. (150° F.) for thirty minutes, as in Pasteurization; or heating in a vessel of boiling water, at a temperature of about 100° C. (202° F.) for half an hour, as in sterilization; and it is easy enough to keep out germs thereafter by heating with a cotton stopper in the bottle or by keeping very cool until used (freezing the new germs out, so to speak).

But the trouble is that the baby is not a calf—races of bos and homo being distinct. There's the rub! If we could modify the baby toward a calf and the cow's milk toward the human liquid we might strike a half-way point at which the modified milk would just exactly suit the modified baby. With unmodified babies the cow's milk, however adjusted, diluted, predigested, heated, cooled, reproportioned, filtered, gives dyspepsia, gives sometimes diarrhea when the baby is worn out with the poisoned, roasted city air of summer.

The aseptic cow done up in white muslin, sterile bloomers, with a sterile covering to its agile tail, has probably not yet appeared on the scene, and the cleanliness of the milkmaid man as he extracts the nourishing liquid before daybreak is somewhat questionable. Even aseptic human nature is frail; especially at 4 A. M., with ten or twenty cows to milk before train time. The cleaner the better, surely; but expect not too much.

But not to become too much involved, let us tuck away in our minds an item or two from a discussion of the subject in the *British Medical Journal* of September 12, 1896. There Dr. Campbell recommends that the milk be placed in a two-pint bottle stopped with cotton wool and set into a covered metal vessel upon a wire stand, which keeps it off the bottom. In this metal vessel water, not reaching up to the bottle, is heated to 160° F. as tested by a thermometer fitted through the lid. 160° F. being reached, the vessel is removed from the fire and put into a cosy for thirty minutes; then it is removed to a very cool chamber until used. This is said to kill most of the germs, not to make the milk unwholesome and not to give it the "boiled" taste.

This milk (here following Dr. Ashby), or the same may be done with fresh milk, un-Pasteurized, is allowed to stand cool for two hours, by which time most of the cream will have risen. One pint of the milk (that next the bottom of the jar and below the cream) is then drawn off by a siphon (a simple, bent glass tube will do) and a pint of boiled water or thin barley water, with an ounce of sugar (or milk sugar) is poured into its place. The stopper is replaced and the bottle kept very cool until all is drunk. Before each feeding the cream is well mixed with the milk beneath it.

By this siphon method — so simple — all of the fat is kept in the diluted milk. It will readily be adopted by the mother, as a glass tube will bend to a siphon over any gas jet and the baby will show the benefit of the double proportion of easily digestible cream secured at each feeding.

The Older Writers.

NEW books are turned out so rapidly that none but the omniverous reader has an opportunity to appreciate some of the more ancient works of medicine. The library of the State Medical Society contains a rare lot of old books, some of which are mere curiosities while others are of real value. An old work on diseases of the liver, for instance, shows the author, one Faithhorn, to be a man of keen powers of observation and of wide experience. The clinical history and pathology of the various hepatic disorders he describes with most faithful accuracy.

While a perusal of this book may be of little interest from a practical standpoint, still it is instructive as showing how carefully men even as late as the early part of this century observed and described disease. In some cases this minute description grows tiresome, but to those who have labored over obscure cases of abdominal disorders, whether of the stomach, intestines, or liver, such a clearly written work even at the present day would be of great help.

It is only when the matter of treatment is touched that the modern physician smiles, and yet there are many prescriptions in this book which might be well used now. The scene of the author's experience was in India and there liver troubles are especially frequent. He recommends bleeding, which in the plethoric is especially efficacious, but he orders it in all cases and to be continued *ad deliquium*, that is, until the patient falls down from weakness. Then he is set up again and bled again. The author gives rather a mixture in one prescription but in some cases he orders fractional doses of calomel as in the present time.

It is chiefly for the descriptions that many of the older works are valuable and they serve to remind us that while we may want the latest books we should not forget these old descriptions which are never antiquated.

* * *

The Administration of Anesthetics.

THE recent ether jubilee in Boston brought out again the question of the importance of specific instruction in the administration of anesthetics. The responsibility of giving ether or chloroform during an operation is very great and yet there are very few institutions where instruction on this point is given except in a casual way as if of minor importance compared with the operation on the case. The most recent notice on this point appears in the *Philadelphia Polyclinic* to the effect that the faculty of that school, appreciating that anesthetics should be given by skilled hands, have appointed an instructor in that branch who shall also be anesthetizer to the hospital.

This is certainly a step in the right direction. There are dangers which both ether and chloroform may present when administered to the point of unconsciousness and every physician should understand the manner of giving these agents, should be acquainted with their mode of action and be ready when an emergency arises and when quick efforts at resuscitation are necessary.

Too often the anesthetic is given by a student or young interne who is too much interested in the operation to keep note of the patient's breathing and heart. Every school should give some instruction, didactic as well as practical, and there are few hospitals where there is not sufficient surgery to make a large number of graduates skillful in the use of anesthetics.

* * *

Diseases of the Aged.

THE specialists who are looking for another branch of work may find their opportunity in taking up the diseases of the aged. Dr. A. K. Bond, in a communication to the *Medical Record*, asks why the diseases of children are so carefully studied as a separate part of the practice of medicine while diseases of the aged receive so little attention. Would it not be well to combine the diseases of the two extremes of life under one specialty?

The life of the aged is the reverse of that of the infant; the thread of life is gradually unwinding itself and it is very possible that there are conditions and states in the life of those near the end of life much akin to the same conditions and states in the growing infant and young child.

In many cases it is well to lessen the dose of the drug in extreme age, keep the bowels open and allow more rest than in vigorous middle life. Whether anyone will ever proclaim himself a specialist in the diseases of the aged, it is certain that he who succeeds in that department of medicine will make his fame in any other.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending November 7, 1896.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		19
Phthisis Pulmonalis		27
Measles	3	
Whooping Cough	3	
Pseudo-membranous Croup and Diphtheria.	25	15
Mumps	1	
Scarlet fever	16	
Varioloid		
Varicella	3	
Typhoid fever	25	11

An Association of urologists has been formed in France.

Dr. Louis McLane Tiffany has been elected a trustee of the Peabody Institute.

Dr. Tanner, of starvation fame, was recently burned to death in a conflagration.

The New York County Medical Society has elected Dr. Landon Carter Gray president.

The Philadelphia Polyclinic has established an instructor in the administration of anesthetics and a lectureship on defects of speech.

Dr. James B. Murdoch, a well-known physician of Pittsburg and dean of the Western Pennsylvania Medical College of that city, is dead.

Health Commissioner McShane of Baltimore will represent that city at the Pan-American Medical Congress at Mexico next week.

From 300 to 400 physicians from the United States will attend the Pan-American Medical Congress at Mexico. Dr. H. L. E. Johnson has made all the transportation arrangements. The fare from Baltimore and return will be about $150. The Baltimore and Ohio Railroad will carry many delegates.

American medical writers are not so often honored by being quoted or translated abroad as to become a matter of remark. It has been, however, the lot of one of our contributors to have that distinction. Dr. Irving C. Rosse, who has written more and been more extensively read than any other physician in Washington, receives frequent mention of his work from both French and Italian sources. Not long since, among other things, his paper on "The Neuroses from a Demographic Point of View" was faithfully translated by Dr. Audry and appeared in Paris in *Archives de l' Anthropologie Criminelle.*

The American Association of Obstetricians and Gynecologists, at its ninth annual meeting, held at Richmond, Va., elected the following-named officers for the ensuing year: President, James F. W. Ross, M. D., Toronto; Vice-Presidents, George Ben Johnston, M. D., Richmond, and John C. Sexton, M. D., Rushville, Ind.; Secretary, William Warren Potter, M. D., Buffalo; Treasurer, Xavier O. Werder, M. D., Pittsburg. Executive Council: Charles A. L. Reed, M. D., Cincinnati; Lewis S. McMurtry, M. D., Louisville; A. Vander Veer, M. D., Albany; J. Henry Carstens, M. D., Detroit; and William E. B. Davis, M. D., Birmingham. The next annual meeting was appointed to be held at the Cataract House, Niagara Falls, N. Y., Tuesday, Wednesday, Thursday and Friday, August 17, 18, 19 and 20, 1897.

During October, according to the report of the Health Department, there were 879 deaths in Baltimore, an increase of 89, compared with October, 1895. Of these, 696 were whites and 183 colored; 72 died of infectious diseases, 87 of consumption, 54 of pneumonia, 15 of bronchitis, 23 of Bright's disease and 28 of typhoid fever; 318, or 35.37 per cent. of the total deaths, were of children under 5 years of age. During the month 237 cases of infectious diseases were reported, an increase of 63 compared with the preceding month. The Department made 510 inspections of nuisances and issued 3351 notices to abate such. It inspected 21,836 gallons of milk and condemned and spilled 469. The meat inspector made 634 visits, the dairy stable inspector 71 and the bakery inspector 129. The first named condemned 5143 pounds of meat, 600 of fish, 224 of poultry, 91 dozens of crabs, 19 bushels of vegetables and 25 of fruit. Daily bacteriological examinations of city water were made, but nothing of an injurious nature was found. The bacteriologist also made many tests for tubercular and diphtheria bacilli. The chemist analyzed 14 samples of milk and as many of water.

Book Reviews.

ANATOMY, DESCRIPTIVE AND SURGICAL. By Henry Gray, F. R. S., Lecturer on Anatomy at St. George's Hospital, London. New and thoroughly revised American edition, much enlarged in text and in engravings, both colored and black. In one imperial octavo volume of 1239 pages, with 772 large and elaborate engravings on wood. Price of edition with illustrations in colors: Cloth, $7.00; leather, $8.00. Price of edition with illustrations in black: Cloth, $6.00; leather, $7.00. Lea Brothers & Co., Publishers, Philadelphia and New York. 1896.

When a book passes through thirteen large editions it is proof positive that it fills an important place in literature and this is especially true of a work on anatomy. The first edition was published in 1858 and at once assumed a high position as a text-book and with each succeeding revision the value of the work has been enhanced. The present edition has been thoroughly revised by American authors and whilst the general arrangement has been allowed to remain as heretofore, many new illustrations and alterations of the text have been made. The chapters on the brain, teeth and abdominal viscera have been rewritten and the most recent anatomical investigations in these departments have been utilized. The work, in our opinion, is the most valuable one in the English language to put into the hands of the undergraduate medical student.

The *Western Medical Review* is a new medical journal published at Lincoln, Nebraska. It is a monthly journal and Dr. George H. Simmons is the editor.

REPRINTS, ETC., RECEIVED.

Synopsis of One Hundred Ovariotomies. By Edward Borck, A. M., M. D. Reprint from the *Medical Mirror*.

Pyrozone and Diluted Hydrochloric Acid in Suppurating Inflammations of the Middle Ear. By William Cheatham, A. B., M. D.

Eye Symptoms in Nephritis, as seen with the Ophthalmoscope. By William Cheatham, M. D. Reprint from the *American Practitioner and News*.

Sleeve Bandage for Fracture of the Clavicle; Fractures and Dislocations, Radius and Ulna. By Edward Borck, A. M., M. D. Reprint from the *Medical Mirror*.

Current Editorial Comment.

POSITION AFTER LABOR.

Medical Summary.

CONFINING a woman who has just passed through pain and exhaustion of labor to the dorsal posture is the refinement of torture.

TABLET MEDICATION.

Journal of the American Medical Association.

THE "tablet fad," as some of our pharmaceutical friends choose to call it, appears to have come to stay. The convenience, cleanliness and presumably accurate dosage of the preparations recommend them readily to the practitioner, and at the present time there is hardly a doctor's office where the familiar glass stoppered bottles and labels of the different manufacturers are not to be encountered. They have undoubtedly affected the druggists' business to some extent, and have perhaps also modified medical practice; how materially is a question to be settled in the future. That they are the unmitigated evil that some pharmaceutical writers hold is doubtful; but that their extensive adoption as a mode of drug-dispensing by physicians has in it possibilities to be deprecated is pretty nearly certain.

PERSONAL ADVERTISEMENT.

New York Journal of Obstetrics and Gynecology.

IN all medical societies the most persistent exhibitors and debaters, with few exceptions, may be divided into two classes; those who have nothing new to say but who say even this for the sake of having their platitudes appear in full in the journal which reports their society's proceedings and those who pretend to have something novel to report or exhibit to the world at large and who perform this unselfish task with precisely the same object in view, namely, free advertisement in a medical journal. The apparent difference between these two classes is in reality not very great, for both appear unfailingly on every occasion which promises an audience and both discuss every subject in an authoritative way which would be ludicrous were it not continued *ad nauseam;* both classes are united, however, in the common object not of advancement of medical truth but in that solely of personal advertisement.

Publishers' Department.

Convention Calendar.

NOVEMBER						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
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DECEMBER						
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27	28	29	30	31	..	..
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State Societies.

NOVEMBER.

27. NEW YORK STATE ASSOCIATION OF RAILWAY SURGEONS, at New York City. C. B. Henich, M. D., Secretary, Troy.

National Societies.

NOVEMBER.

10. SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION, at Nashville. W. E. B. Davis, M. D., Secretary, Birmingham, Ala.

16-19. PAN-AMERICAN MEDICAL CONGRESS, at City of Mexico, Mexico.

DECEMBER.

30-31. WESTERN SURGICAL AND GYNECOLOGICAL ASSOCIATION. Herman E. Pearse, M. D., Secretary, Kansas City, Mo.

BALTIMORE.

BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. Meets 2d and 4th Mondays of each month.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets 2d and 4th Wednesdays, 8 P. M.

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THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P.M.

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MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.

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WASHINGTON.

CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. HENRY B. DEALE, M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. H. HOLDEN, M. D., Recording Secretary.

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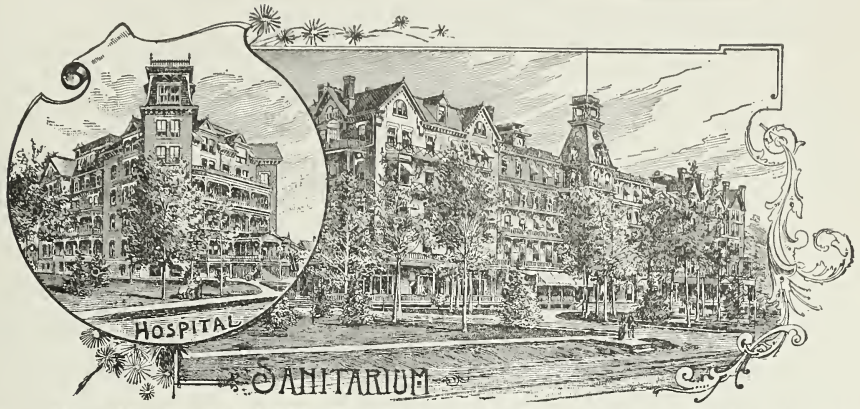
WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

PHARMACEUTICAL.

DIARRHEA.—In the diarrheas of children due to fermentation and decomposition of food in the alimentary tract I have found Listerine of marked benefit. I have also used it with satisfactory results as a local application in stomatitis, ulcerative sore mouth, diphtheria and croup.—J. P. KINGSLEY, M. D., Professor of Physiology and Clinical Professor of Diseases of Children, Missouri Medical College.

I HAVE had "catarrh of the head" for a number of years, and have been treated in the usual manner and have used many of the so-called remedies without effect, except for temporary relief. And having suffered for weeks much more than usual from the inflamed passages, it occurred to me that as Resinol was so good for more exposed surfaces, why not for the nasal passage. I applied it by means of the little finger inserted as far as possible up the nose. The first application afforded relief, and now after using less than half of a sample box I am more free from catarrhal symptoms than I have been for years, though I have not used it for more than a week. I believe it to be superior to any remedy that has ever been suggested for this very universal and intractable disease.—C. C. BRADBURY, M. D., St. Louis, Mo.



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A PURE LAXATIVE, made from fresh selected Drugs. Suitable for all ages and conditions in removing Constipation. FORMULA: Each fluid ounce (with aromatics) contains: Rhamni Purshiani Cortex (Cascara Sagrada), gr. xxx; Podophyllum Peltatum (May Apple), gr. xxx; Taraxacum Officinale (Dandelion), gr. xxx; Juglans Cinerea (Butternut), gr. xxx; Cassia Acutifolia (Alexandria Senna), 1 drachm; Potassii et Sodii Tartras (Rochelle Salt), 1 drachm. There are few disorders that cause so much mischief as CONSTIPATION. The ELIXIR SIX APERIENS is recommended as a *pleasant, efficient,* and *trustworthy* remedy for *obstinate constipation* of the bowels and the diseases which attend it, as *Headache, Flatulence, Piles, Liver, Stomach, Intestinal and Uterine Troubles,* and the MANY OTHER AILMENTS which the physician can trace to FÆCAL RETENTION. Among the many advantages this Elixir has, it does not tend to leave the bowels in a confined state, but strengthens the muscular fibers of the Intestines, thereby producing permanent benefit upon the peristaltic action of the bowels. The tendency to griping and narsea produced by the ordinary Cathartic is overcome by this elegant Pharmaceutical Preparation, which MOVES THE BOWELS GENTLY WITHOUT PAIN OR OTHER INCONVENIENCE. We attribute its mild and efficient action on the bowels to the *combination* of the six well-selected Laxatives. It is the *combination* which is so *remedial,* proving that the *united action of remedies* is often requisite to success when either alone is insufficient. Physicians when prescribing will please write: R. APERIENS ELIX. SEX.—One bottle. (WALKER-GREEN'S). The Druggist will please write directions on his own label. Attention is also called to our ELIXIR SIX BROMIDES, ELIXIR SIX HYPOPHOSPHITES, and ELIXIR SIX IODIDES, which are unexcelled for clinical efficiency and palatability. Wholesale price per dozen: Iodides, $8.00; Bromides, $8.00; Hypophosphites, $8.00; Aperiens, $8.00. SEND FOR DESCRIPTIVE CIRCULAR. These Elixirs are kept in stock by Wholesale Druggists generally throughout the United States.

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PHARMACEUTICAL.

L. W. Hensyl, M. D., Shamokin, Pa.: Will state that I am using Peacock's Bromides quite frequently in my practice, and by so doing I get good results from it.

Ulcer of the Stomach Treated with Protonuclein.—My experience with Protonuclein has been limited, but in all the cases in which I have used it I have been quite successful, especially so in the one which is reported below. Mr. J., aged twenty-four, farmer by occupation, became one of my patients some two years ago, when he presented the following symptoms: For a long time he had been troubled with inability to retain food. There would be severe pain in the stomach, which would be increased by the presence of food and by pressure over region of stomach. This pain would be relieved by vomiting; sometimes there would be vomiting of blood; bowels constipated, tongue covered with thick coating. I tried several remedies at that time, such as pepsin, bismuth, nitrate of silver, aromatic powder, Carlsbad salts, mustard over epigastrium, etc., together with a strict diet. This course of treatment was followed by temporary improvement, but no real improvement. He finally left me utterly discouraged and came under the care of other physicians but with apparently no better success. About two months ago he returned to me, very much reduced in flesh, his weight having dropped from 160, his normal weight at the beginning of the trouble, to 124 pounds, and every symptom increased in its severity, and so weak and exhausted was he that he was unable to follow his usual occupation. I straightway put him upon a strict diet again, and gave him Protonuclein, grs. iij, every four hours, to be taken religiously. From the beginning of the administration of Protonuclein he began to improve, and gradually to retain food. The pain began to diminish and he gained fully ten pounds in weight within the first two weeks. His appetite and strength returned, and in fact there was rapid and permanent improvement. At the present time of writing he has ceased taking Protonuclein, and when I last saw him he was apparently well.—N. H. Kirby, M. D., Concord, Mass., in *Atlantic Medical Weekly*.

A Hypnotic for General Medical Practice.—Despite the stately array of hypnotics at the present time at the disposal of the medical profession, and notwithstanding the fact that the administration of such a remedy would be considered as a great blessing by patients suffering from agrypnia, it is nevertheless true that the physician, as a rule, is disinclined to resort to their use. The reasons for this are the disagreeable and even dangerous sequelae connected with the employment of hypnotics. Both experiments and clinical observations testify that we have to deal here with toxic substances, the administration of which demand great caution. To be sure there are manifold measures of a different kind by which it is possible sometimes to produce sleep; but there are cases of obstinate agrypnia which resist physical agents of every character; here it is necessary to enforce sleep by hypnotics. It cannot be denied that the use of the customary hypnotics, such as chloral hydrate, sulfonal, paraldehyde, somnal, is, on the whole, attended with no special risk, provided, of course, that a strict individualization is applied to the dosage. The method often employed in practice of administering a certain dose as a routine measure every evening is responsible, however, for those phenomena which point to an intoxication similar to morphinomania. Up to the present time we had no remedy which could be relied upon not to produce any notable disturbances when administered frequently as a hypnotic. It seems different with our newest acquisition, Trional. According to the observations thus far published, this remedy appears to conform to a certain extent to the demands made upon an ideal hypnotic. It is a disulfone in which the sulfone groups are joined to one and the same carbon atom. It contains three ethyl groups and appears in the form of colorless, glistening crystals, having a bitter taste, slightly soluble in cold water, but readily in hot water, alcohol and ether. Trional has been chiefly employed in nervous affections, as neurasthenic agrypnia, chronic dementia, periodical mania, paralysis, melancholia and conditions attended with violent hallucinations. Here it acts as a sedative in fractional doses (0.5 gm.) and quiets the excitement. Mattison recommends it for morphine and cocaine habitués.—Dr. H. Weiss, Vienna. *Medicin-Chirurg. Centralbl.*, No. 42, 1895.

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Tests made by the Bacteriologist of Pennsylvania State Board of Health, (report published in "Public Health," July, 1896,) shows Mulford's Antitoxin to be thoroughly reliable and the most concentrated.

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LESS THAN 5% DEATHS.... OF DIPHTHERIA.

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Mulford's Antitoxin is Supplied in Sterilized Glass-Stoppered Vials, as follows:

"Standard" No. 1, (100 units to each cc.) in vials of 500 units, $1.00; No. 2, 1000 units, $1.75; No. 3, 2000 units, $3.25
"Potent" No. 1, (250 units to each cc.) in vials of 500 units, $1.25; No. 2, 1000 units, $2.75; No. 3, 2000 units, $4.00
"ExtraPotent" No. 1, (500 units to each cc.) in vials of 500 units, $1.50; No. 2, 1000 units, $2.75; No. 3, 2000 units, $5.00

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3 OUT OF EVERY NINE CHILDREN

Wasting Diseases

die before they reach their fifth year. Rotch, of Boston, in his classic work, "Pediatrics," says: "In the latter part of the first year tuberculosis becomes very common." Add to this all cases of malnutrition, gradual decline, thinness, pallor, and other "wasting diseases" and you have a list of affections which call for

Scott's Emulsion.

of Cod-liver Oil with Hypophosphites. The oil is a food, partly digested, and promptly assimilated. The hypophosphites impart strength and activity to the nervous system.

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It changes unhealthy action to one of health. It increases the red blood corpuscles. It is a tonic and an alterative.

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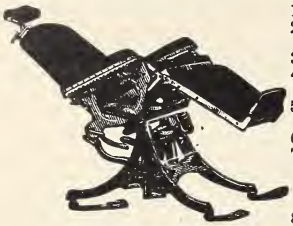

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Fig. XVII—Dorsal Position.

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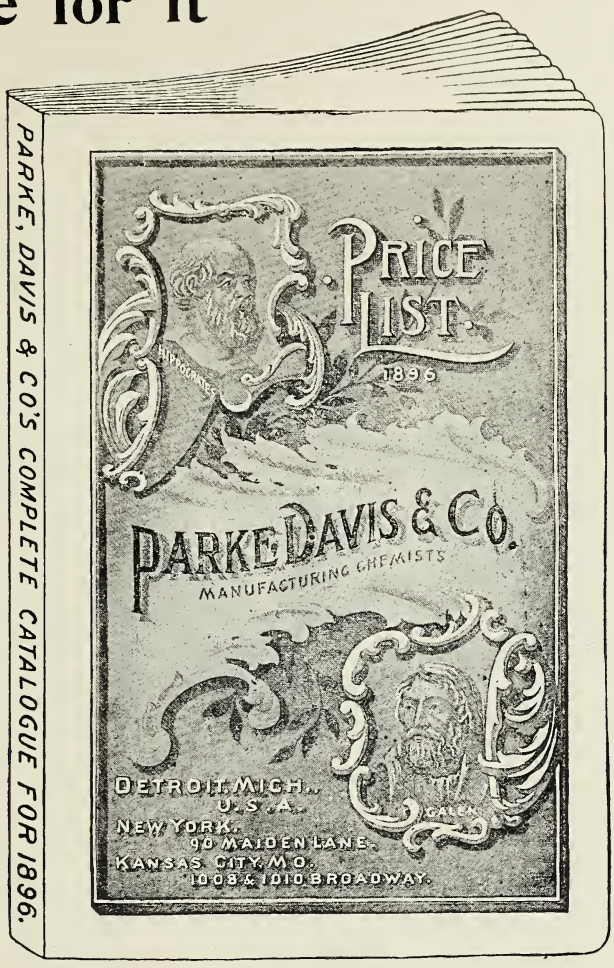
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